

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039402

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 93

Primary Registration District No. 5336

Registrar's No. 63-67

VS 300
Rev. 4/59

12290

20290

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center twp		c. CITY OR TOWN Greenfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. N.E. of Greenfield		d. STREET ADDRESS (If outside, give location) Rt#1 - 1 mi. N.E. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Phillip Middle - Last Weir		4. DATE OF DEATH Month Oct. Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1972
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm. mg		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Samuel J. Weir	
14. MOTHER'S MAIDEN NAME Martha D. Wilson		15. NAME OF HUSBAND OR WIFE W. H. Weir; Greenfield, Mo.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Greenfield, Mo.	
21. I attended the deceased from 10-5-63 to 10-18-63 and last saw him alive on 10-18-63 Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. O. Cowan M.D.	
22b. ADDRESS Greenfield, Mo.		22c. DATE SIGNED 10-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 19, 1963	
23c. NAME OF CEMETERY OR CREMATORY Weir Cemetery		23d. LOCATION (City, town, or county) (State) Dade County, Mo.	
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 21, 1963	
26. REGISTRAR'S SIGNATURE J. C. Canada			

USE BLACK INK

OR TYPEWRITER RIBBON

W.O. Cowan, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed J. C. Canada
 Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.